

Tripler Army Medical Center
CHCS / AHLTA Account Creation Request Form
TAMC Form 30

For use only when e30 is unavailable

FAX completed form to 433-1400
or email PDF to TAMC IM CHCS-AHLTA Accounts

*** REQUIRED FIELD - ALL INFORMATION MUST BE TYPED**

***System(s):**

- ☐ CHCS
☐ AHLTA
☐ BOTH

***User status:**

- ☐ New Account
☐ Modify Account
☐ Terminate Account
☐ Forgot Codes
☐ Returned from Deployment

USER INFORMATION

***LEGAL NAME:** _____ ***DUTY PHONE:** _____
Last First Initial

***SSN** _____ ***DATE OF BIRTH:** _____ ***SEX** ☐ M ☐ F

***AHLTA ACCOUNT FROM PREVIOUS LOCATION:** ☐ YES ☐ NO

If YES, LOCATION? _____ PREVIOUS AHLTA USER NAME: _____

***STATUS:** ☐ ACTIVE DUTY ☐ RESERVIST ☐ CIVILIAN ☐ CONTRACT

If ACTIVE DUTY/RESERVIST: ***RANK:** _____ ***BRANCH:** _____ ***CORPS:** _____

***ROLE:** ☐ STAFF PROVIDER ☐ RESIDENT ☐ RN ☐ LPN ☐ MEDIC / NURSE ASSISTANT ☐ CLINIC CLERK ☐ WARD CLERK ☐ MEDICAL STUDENT
☐ OTHER: _____

***SPECIALTY POSITION:** ☐ SECTION CHIEF ☐ OIC ☐ SUPERVISOR ☐ HN / CNS ☐ CRNA/ NP ☐ NONE

***DEPARTMENT / SERVICE:** _____ ***DUTY AREA (WARD/CLINIC):** _____

PROVIDER SPECIALTY INFORMATION – REFER TO LIST OF CLINICAL SPECIALTY CODES

***PRIMARY SPECIALTY:** _____ **SECONDARY SPECIALTY(s):** _____

CREDENTIALS TO BE COMPLETED BY SITE – *APPROVED BY: _____ *** DATE APPROVED:** _____

***CHCS MENUS – CHECK IF READ ONLY** ☐

MENUS BASED ON USER ROLE/POSITION IF NOT READ-ONLY

SPECIAL REQUESTS/NOTES:

***AHLTA GROUP (if requested) – CHECK IF READ ONLY** ☐

ACCESS BASED ON USER ROLE/POSITION IF NOT READ-ONLY

***PRIMARY CLINIC:** _____

SPECIAL REQUESTS/NOTES:

***TRAINING** ☐ Completed ☐ Registered / Scheduled ☐ N/A

***COURSE:** _____ ***DATE OF TRAINING:** _____

NOTE: Course registration must be completed 5 full business days prior to scheduled course date. Contact 433-4700 if TES is unavailable.

***SUPERVISOR/SPONSOR – I verify this user is authorized to access TAMC Clinical Systems.**

***SUPERVISOR/SPONSOR NAME:** _____ ***DUTY PHONE:** _____

***SIGNATURE:** _____ ***DATE:** _____

***TRUSTED AGENT NAME (if any):** _____ ***DATE SUBMITTED:** _____

TO BE COMPLETED BY ACCOUNT MANAGER: _____

ACCESS CODE: _____ **VERIFY CODE:** _____

AHLTA USERID: _____ **PASSWORD:** _____

INSTRUCTION SET: ☐ CHCS ONLY ☐ AHLTA ACCOUNT CREATED BY IMD ☐ FIRST TIME AHLTA LOGON

Primary Menu: _____

Secondary Menus: _____

FM/Security Keys/Key Group assigned: _____

AHLTA Group/Keys assigned: